

43. Kastor JA: Digitalis intoxication in patients with atrial fibrillation. *Circulation* 1973; 57:888-896
44. Chung EK: Artificial pacing and digitalis toxicity, chap 10, *Manual of Artificial Cardiac Pacing*. Baltimore, University Park Press, 1983, pp 115-118
45. Cohen L, Kitzes R: Magnesium sulfate and digitalis toxic arrhythmias. *JAMA* 1983; 249:2808-2810
46. Lown B, Levine SA: The carotid sinus. *Circulation* 1961; 23:766-789
47. Bismuth C, Motte G, Conso F, et al: Acute digitoxin intoxication treated by intracardiac pacemaker: Experience in 68 patients. *Clin Toxicol* 1977; 10:443-456
48. Lown B, Kleiger R, Williams J: Cardioversion and digitalis drugs: Changed threshold to electric shock in digitalized animals. *Circ Res* 1965; 17:519-531
49. Mann DL, Maisel AS, Atwood JE, et al: Absence of cardioversion-induced ventricular arrhythmias in patients with therapeutic digoxin levels. *J Am Coll Cardiol* 1985; 5:882-890
50. Butler VP, Chen JP: Digoxin-specific antibodies. *Proc Natl Acad Sci USA* 1967; 57:71-78
51. Curd J, Smith TW, Jaton JC, et al: The isolation of digoxin-specific antibody and its use in reversing the effects of digoxin. *Proc Natl Acad Sci USA* 1971; 68:2401-2406
52. Lloyd BL, Smith TW: Contrasting rates of reversal of digoxin toxicity by digoxin specific IgG and Fab fragments. *Circulation* 1978; 58:280-283
53. Wenger TL, Butler VP Jr, Haber E, et al: Treatment of 63 severely digitalis-toxic patients with digoxin-specific antibody fragments. *J Am Coll Cardiol* 1985; 5:118A-123A
54. Butler VP: Antibodies as specific antagonists of toxins, drugs, and hormones. *Pharmacol Rev* 1982; 34:109-114
55. Lechat P, Mudgett-Hunter M, Margolies MN, et al: Reversal of lethal digoxin toxicity in guinea pigs using monoclonal antibodies and Fab fragments. *J Pharmacol Exp Ther* 1984; 229:210-213

## Medical Practice Question

EDITOR'S NOTE: From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.

### Contralateral Breast Surgery Following Mastectomy

#### QUESTION:

*Following mastectomy with breast reconstruction, is a surgical procedure on a disease-free, contralateral breast to attain symmetry considered accepted medical practice?*

*If so, is it considered a cosmetic procedure?*

#### OPINION:

In the opinion of the Scientific Advisory Panels on General Surgery and Plastic Surgery, reconstruction of a disease-free contralateral breast to restore symmetry is considered established medical practice following mastectomy with breast reconstruction. This reflects the commonly accepted goals of breast reconstruction which are to provide a contour as natural looking and feeling as possible, to create a natural looking nipple/areola complex and to obtain acceptable symmetry with the opposite breast.

When the contralateral breast is excessively large, in size or volume, or droops severely (ptosis), it is usually impossible to match these characteristics with the newly reconstructed breast. To restore symmetry, therefore, reduction mammoplasty of a large breast, mastopexy of a drooping breast and augmentation mammoplasty of an unusually small breast may be necessary. Patients with a high risk of cancer developing in the contralateral breast who need size or shape correction to achieve symmetry may be considered for mastectomy and immediate reconstruction.

Because the breasts are paired organs and symmetry is the natural state, contralateral breast reconstruction is considered a restoration of the normal condition. In this sense, the procedure is reconstructive, not cosmetic.

For the psychological well-being and physical appearance and functioning of many women, breast reconstruction following mastectomy is essential. Contralateral breast reconstruction is understood to be an integral part of this surgical care.